



County of Kings - Department of Public Health  
Environmental Health Services Division  
330 Campus Drive Hanford, CA 93230  
Phone - 559-584-1411 Fax - 559-584-6040  
Internet - www.countyofkings.com/health/ehs

FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> IRON HORSE SALOON & GRILL	<b>BUSINESS PHONE:</b> (559) 583-8090	<b>RECORD ID#:</b> PR0005074	<b>DATE:</b> October 11, 2010
<b>FACILITY SITE ADDRESS:</b> 8448 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> 1ST FOLLOW UP INSPECTION
<b>OWNER NAME:</b> ANTHONY FLORES JR	<b>CERTIFIED FOOD HANDLER:</b> ANTHONY FLORES	<b>EXP DATE:</b> 9/17/2014	<b>INSPECTOR:</b> Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violation: IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT**

[HSC 114161-114182 & 114257]

**Description/Corrective Action:** Observed a lot of smoke while the operator was cooking. Please have the facility's hood serviced so that the hood may exhaust all smoke.

**Violation: OTHER PERMIT VIOLATION**

**Description/Corrective Action:** Section 113977

Evidence of smoking (smell of cigarette) was observed in the facility. Since this facility serves food, there shall be no smoking in the facility because it can contaminate food products. Please have all individuals smoke outside of the facility.

**General Comments:**

This re-inspection took place to determine if the facility had acquired hot water in both the mens and womens restroom.

During this re-inspection, it was noted that hot water was restored to both restrooms. It was also noted that a paper towel dispenser was mounted near the facility's hand wash station and that hand soap was also made available. Please correct the noted violations from the facility's last routine inspection (10-8-10).

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after) N/A

Potential Food Safety All Star:

Received By: \_\_\_\_\_

Veronica Santa Cruz-REHS

Agency Representative

NOTE: This report must be made available to the public on request



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<b>FACILITY SITE ADDRESS:</b> 8448 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANTHONY FLORES JR	<b>CERTIFIED FOOD HANDLER:</b> EVLIN HERLEMAN	<b>EXP DATE:</b> 10/14/2011	<b>INSPECTOR:</b> Veronica Santa Cruz-REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violation:** IMPROPER MAINTENANCE OF FACILITY OR EQUIPMENT [HSC 114161-114182 & 114257]

**Description/Corrective Action:** Both the men's and women's restroom did not have hot water. Hot water must be provided to both restrooms as soon as possible.

The mechanical dishwasher was also observed to not function properly. Please repair this unit and in the meantime please manually wash, rinse, and sanitize all dishes and utensils.

The flooring in the kitchen area needs to be re-sealed by the next routine inspection.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** The hand wash station in the kitchen area did not have soap or paper towels. Please re-mount the paper towel and soap dispenser.

**Violation:** IMPROPER FOOD TEMPERATURE MONITORING [HSC 113998 & 114000]

**Description/Corrective Action:** The operator did not have a thermometer to check food temperatures. Please purchase a thermometer as soon as possible.

**General Comments:**

A re-inspection will take place on Monday October 11, 2010 to determine if the restrooms have hot water. This re-inspection will be free of charge; however, should subsequent re-inspections are needed to obtain compliance, then the facility will be assessed \$220 per re-inspection.

<b>RESULTS OF EVALUATION:</b> <input type="checkbox"/> PASS <input checked="" type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	<b>Reinspection Date (on or after):</b> 10/11/2010 <input type="checkbox"/> Potential Food Safety All Star:

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<b>FACILITY SITE ADDRESS:</b> 8448 E LACEY BLVD	<b>CITY:</b> HANFORD	<b>ZIP CODE:</b> 93230	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> ANTHONY FLORES JR	<b>CERTIFIED FOOD HANDLER:</b> EVLIN HERLEMAN	<b>EXP DATE:</b> 10/14/2011	<b>INSPECTOR:</b> Veronica Santa Cruz

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**Violation:** IMPROPER EXCLUSION OF VERMIN OR ANIMALS [HSC 114259-114259.3]

**Description/Corrective Action:** The door to the back has an opening where vermin can come into the facility. This same violation was noted on the last inspection report. Please seal the door's opening so vermin cannot come into the facility.

**Violation:** RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

**Description/Corrective Action:** The women's restroom does not have running hot water. Please repair the unit so that the restroom does have hot water.

**Violation:** IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

**Description/Corrective Action:** Handwash station did not have paper towels. All handwash stations need to have soap, paper towels, and hot water.

**General Comments:**

Cold holding unit measured at 40° F.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          </u> N/A <input type="checkbox"/> Potential Food Safety All Star:

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